## Leitchfield 2019 Baseball Registration Form Leitchfield City Hall – PO Box 398, Leitchfield, KY. 42754-0398 270-259-4034

Player Information				<u>Check One</u> T-Ball (4-6) Baseball (7-12)	
Last Name:		First Name:	M	_	
Circle: Male o	or Female	Age Before May 1st, 2	020	Team or Coach Last Year	
Birthday (mm/dd/yyyy)				Season starts mid-April & lasts for 8 weeks	
Home Addres	s:				
				Would you like to coach? YES NO	
House # Street				Uniform Size (circle one)	
				YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL	
City		State	Zip	Note: If mailing registration form. Mail Check or	
				Leitchfield City Hall	
Cell Phone		Home Phone	<u> </u>	PO Box 398, Leitchfield, KY 42754	
Do you receive text messages? YES NO				Make Check Payable to City of Leitchfield	
Primary Conta	act Inform	ation		Relationship:	
Last Name First Name Home Alternate Contact Information				me Phone Cell Phone Relationship:	
Last Name	st Name First Name F		Hom	me Phone Cell Phone	
•	ll claims, d	lamages, losses and exp		ne City of Leitchfield and their agents and employees from y nature or description arising out of use of the premises by	
SIGNATURE: _				DATE:	
Total Due	\$40.00	Check #	Check	ck Amount: Cash:	
2 Children	\$70.00				
3 Children	\$90.00	Received By: _		Date:	
		GISTRATION FORM PER			